

SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 DSioux Falls, SD 57106-3115
(605) 362-2760 DFAX: 362-2768 Dwww.nursing.sd.gov

November 30, 2011

Sanford Clear Lake Medical Center/Deuel School District Attn: Tammy Baer, RN 701 3rd Ave. South Clear Lake, SD 57226

Dear Tammy,

This letter acknowledges receipt and approval by the South Dakota Board of Nursing of your agency's application for re-approval of their Medication Administration Training Program for Unlicensed Assistive Personnel. This re-approval is valid through November 2013.

Your program has been re-approved to use the following curriculum: Medication Training Program for Non-Nursing Staff developed by Mary Lerssen, RN.

The following personnel have met the requirements pursuant to ARSD 20:48:04.01:14 to teach in your program and have a minimum of two years clinical nursing experience:

- Tammy Baer, RN
- LuAnn Thompson, RN
- Jean Wiekamp, RN
- Angela Moritz, RN

Thank you for renewing your Medication Administration Training Program with the Board. For future reference regarding the re-approval process or program curriculum and faculty changes please access the Board of Nursing's website: www.nursing.sd.gov.

Please contact me at the above number if you have any questions concerning this matter.

Sincerely,

Diane Josephson, RN, MA Nursing Program Specialist



South Dakota Board of Nursing South Dakota Department of Health

4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115, (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nulls/1

Medication Administration Training Program for Unlicensed Assistive Personnel

Application for Re-Approval of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents.

Send completed application and supporting documentation to:

South Dakota Board of Nursing 4305 S. Louise Ave., Sulte 201 Sioux Falls, South Dakota 57106-3115

Name of Institution: Sanford Clear Lake Medical Conter / Devel School District									
Name of Primary Instructor: Janny Buer RV									
Address: 701 3 Ave South									
	Clear Lake, SD 57226								
Ph	Phone Number: 605-874-2555 Fax Number: 605-874-2005								
	E-mail Address of Faculty: Tammy. Buer @ Sanford health. ory								
Ø	 Request re-approval without changes to program curriculum or faculty/instructors List faculty and licensure information below; and Complete evaluation of the curriculum. Name of curriculum:								
	 3. Request re-approval with curriculum changes or request new curriculum List faculty and licensure information below. Complete evaluation of the curriculum. Submit documentation to provide evidence that the requested changes to the course meet the requirements listed in ARSD 20:48:04.01 13-15. (see <i>Initial</i> MATP Application) OR — you are requesting to use a standard curriculum approved by the Board of Nursing; if so, you are not required to submit additional curriculum information. Name of standard curriculum: 								

FACULTY INFORMATION: RN license					
RN Faculty/Instructor Name(s)	State	Number	Expiration Date	Verification (Completed by SDBON)	
Tammy Buer RV	SD	R 02 7 321	12/11/413	11-30-11 10	
Ly Ana Thomason, RV	SP	R016277	9/24/12	11-30-11 (03)	
Jean Wiekama, RV	Sø	R 019253	11/15/12	11-30-11 (16/5	
Angela Montz, RV	SD	R034614	5/19/13	11-30-11 7	
40				/}	

Moritz



South Dakota Board of Nursing

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Curriculum Eva	luation:
----------------	----------

Required biannually to assess program standards for compliance with requirements listed in ARSD 20:48:04.01; indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper.

Shandard	Yes	No
Standard 1. December 16 december 16 december 19 and 19 an		+
Program is no less than 16 classroom hours and And the second distribution of classroom hours and the second distribution of classroom hours. The second distribution of classroom hours and the second distribution of classroom hours. The second distribution of classroom hours and the second distribution of classroom hours. The second distribution of classroom hours are second distribution.	\ <u>'</u>	-
no less than 4 hours of clinical/laboratory instruction 2. Faculty to student ratio does not exceed	 	
Faculty to student ratio does not exceed 1:8 in the clinical setting		
1:1 in skill performance evaluation	\ <u>`</u>	+
Tests are developed for each unit	 '	+
A final test is given		+-
A skills performance evaluation is conducted		+
A passing test score of 85% is required	 	_
7. Unit exam retakes are allowed no more than one time		
A completion certificate is awarded stating	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+
name and location of the institution		1
length of the program		
course completion date		
full name of the person completing the course		
signature of the faculty in charge of the course		
date certificate was awarded		
9. Records are maintained documenting		<u> </u>
each person enrolled		
each person's performance		-
date and name of persons completing	1	
date and name of persons withdrawing		
date and name of persons failing	<i>\</i>	
faculty qualifications and nursing experience		
curriculum plan and revisions	V	
10. Each person enrolled/completing the training has either a high school	1	
diploma or the equivalent		
11. The training curriculum includes:	/	
the "Five Rights" of Medication Administration	V	
 an overview of the major categories of medications related to the 	/	
immune system	\ <u>'</u>	
infection control policies and procedures	1/	
medication administration via the inhalation route	$\perp \checkmark$	

medication auministration via the initial	duon route					
RN Faculty Signature: James Bre RV	Date://- /0 - /]					
This section to be completed by the South Dakota Board of Nursing Date Application Received: 15- Date Application Denied:						
Date Approved: //- 30 - 1	Reason for Denial:					
Board Representative: No van ba 201	<u> </u>					
Date Notice Sent to Institution:	4					